AMENDMENTS TO THE SPECIFICATION

Please replace paragraph [0031] with the following amended paragraph:

[0031] In typical practice, the cannula 10 is inserted into a patient's body during cardiac surgery such that the distal end enters the coronary sinus. This is preferably performed with the aid of a stiff stylus (not shown) that has been temporarily inserted into the infusion lumen 16. Once the cannula has reached the desired position the stylus is removed and a suture ring (see the suture ring 40 shown in Fig. 3) of the cannula is sutured to the heart. With the rod 34 in its open position (Fig. ~~2~~ 1), cardioplegia (CPG) is conducted under pressure through the infusion lumen 16, the CPG exiting the cannula through the discharge openings 20. Simultaneously, the CPG enters the balloon through the communication openings 30 and inflates the balloon into sealing relationship with the wall of the coronary sinus. Because infusion lumen 16 is always open to the discharge openings 20 and it is the sole means of delivering inflation fluid to the balloon, the balloon is inflated to a pressure rather than to a volume, thereby reducing the risk of over-inflation. Accordingly, the CPG is introduced into a cardiac sinus vessel, producing cardiac arrest. Then, the rod 34 is slid forwardly to the closed position (FIG. ~~1~~ 2) to block the communication passages 30, and the flow of CPG through the infusion lumen is then temporarily halted.